

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	DISK-ARRAY CONTROLLER WITH HOST-CONTROLLED NVRAM
Attorney Docket Number::	01SH-109196
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	6
Small Entity::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Mike

Middle Name::

Family Name:: Jadon

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Robert

Middle Name::

Family Name:: Lercari

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Richard

Middle Name:: M.

Family Name:: Mathews

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	William
Middle Name::	R.
Family Name::	Peebles
City of Residence::	
State or Province of Residence::	
Country of Residence::	
<u>Street of mailing address::</u>	
<u>City of mailing address::</u>	
<u>State or Province of mailing address::</u>	
<u>Postal or Zip Code of mailing address::</u>	

Applicant Authority type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Phap

Middle Name::

Family Name:: Nguyen

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

**Correspondence Customer Number::** 30764

### **Representative Information**

<b>Representative Customer Number::</b>	30764
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### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Non-Provisional of	60/494,696	08/13/03